

Gender identity healthcare: draft standards consultation

1. Information you provide

Please contact his.genderidentitystandards@nhs.scot should you have any questions around or issues with this feedback form. Your data will be processed, retained and destroyed in line with Healthcare Improvement Scotland governance guidance and data protection regulations.

2. Introduction

We have published the draft standards for [Gender Identity Healthcare: Adults and Young People](#) for consultation.

The standards have been commissioned by Scottish Government as part of the wider national [NHS gender identity services strategic action framework 2022-2024](#). They have been developed by a multi-disciplinary team including people with lived experience of gender identity services. They are based on current evidence, best practice and consensus and aim to improve outcomes for people accessing gender identity healthcare services.

Completing the survey

We are looking for feedback on the content of the standards. For example, we would welcome comments which cover:

- Wording that is unclear or requires clarification
- Potential gaps in the standards
- Additional references for consideration.

The consultation on the Gender Identity Healthcare standards closes at **5pm on Friday 1 March 2024**. Please note, consultation comments will not be accepted after the closing date or in an alternative format, unless previously agreed with the standards project team. All comments submitted will be treated with care and are anonymous.

3. About you

Which of the following describes you? *

- I am a person with lived experience
- I am a family member or representative of a person with lived experience
- I work in gender identity healthcare
- I work in general health or social care
- I am commenting on behalf of an organisation
- I am commenting on behalf of a third sector organisation
- I am a member of the public

For those who have selected commenting on behalf of an organisation please provide the name of the organisation: **Royal Pharmaceutical Society**

4. Standard 1: Shared and supported decision making

Standard statement

People are supported to make informed and shared decisions about their care.

Do you have any changes to the standard statement or rationale?

- No

1.1 People questioning their gender identity or wishing to access gender identity services are:

- **listened to and taken seriously**
- **fully informed**
- **recognised and respected as experts in their care, needs and preferences**
- **addressed by their chosen name and pronouns, which may not be the same as recorded on the person's record.**

Do you have any changes to criterion 1.1?

- No

1.2 Organisations use a person-centred and trauma informed approach ensuring that people are actively enabled and supported to:

- **participate in shared decision making at all stages of their care**
- **raise question or concerns**
- **have opportunities to provide feedback on their care and experiences**
- **develop the knowledge, skills and confidence to manage their care and treatment, as appropriate.**

Do you have any changes to criterion 1.2?

- No

1.3 Organisations provide information about gender identity healthcare and services, which is:

- **timely**
- **accessible**
- **tailored to the person's needs, choice and circumstances.**

Do you have any changes to criterion 1.3?

- No

1.4 People can discuss their needs, concerns and care options with kind, empathetic, well-informed, compassionate and unbiased staff.

Do you have any changes to criterion 1.4?

- No

1.5 Organisations ensure staff can provide people with the support they need. This includes ensuring staff can:

- **access accurate and responsive information about gender identity healthcare and services**
- **access professional and good practice guidance**
- **signpost to additional services where this is needed for the person (and/or representative where appropriate), including third sector organisations.**

Do you have any changes to criterion 1.5?

- No

1.6 People have the opportunity to involve families, trusted people, independent advocates or other representatives to support their decision making if they wish.

Do you have any changes to criterion 1.6?

- No

1.7 People are asked their preferred method of communication and this is implemented, where possible.

Do you have any changes to criterion 1.7?

- No

Do you have any changes to the sections "What does this mean for people/staff/organisations/primary care or the practical examples" in Standard 1?

- No

5. Standard 2: Reducing inequalities in gender identity healthcare and services

Standard statement

Organisations actively work to reduce inequalities in accessing and delivering gender

identity services.

Do you have any changes to the standard statement or rationale?

- No

2.1 Organisations demonstrate their commitment to addressing health inequalities in gender identity services by collaborating and working in partnership to:

- **undertake comprehensive population needs assessments**
- **identify the specific needs of different groups of people who are accessing gender identity services**
- **proactively engage with marginalised and under-served groups to reduce barriers to access**
- **undertake a training audit of their staff's understanding of health inequalities**
- **ensure service design and delivery is inclusive.**

Do you have any changes to criterion 2.1?

- No

2.2 Organisations have service improvement and evaluation processes in place to assess the impact of any work undertaken to reduce health inequalities. This includes processes to:

- **plan service improvement and evaluation**
- **gather qualitative and quantitative data, including feedback and complaints**
- **demonstrate learning from feedback.**

Do you have any changes to criterion 2.2?

- No

2.3 Organisations can demonstrate where working in partnership with people with lived experience has led to improvements in access to and experience of gender identity support and services.

Do you have any changes to criterion 2.3?

- No

2.4 Organisations work in partnership where appropriate with other services, including primary care and community based services, to:

- **improve understanding of access to gender identity services**
- **reduce barriers to care**
- **develop or design new services**
- **ensure continuity and consistency of care**
- **share best practice.**

Do you have any changes to criterion 2.4?

- No

Do you have any changes to the sections "What does this mean for people/staff/organisations/primary care or the practical examples" in Standard 2?

- No

6. Standard 3: Access to gender identity healthcare

Standard statement

People have timely, equitable, consistent and person-centred access to gender identity healthcare.

Do you have any changes to the standard statement or rationale?

- No

3.1 Organisations ensure that people have access to timely and high-quality gender identity services that are provided as close to home as possible.

Do you have any changes to criterion 3.1?

- No

3.2 Where specialist services are not available locally, organisations ensure robust pathways are in place to provide access to a national, regional or suitable local provision.

Do you have any changes to criterion 3.2?

- No

3.3 People seeking to access services in a primary care or community setting receive suitable support and advice from knowledgeable and well-informed professionals.

Do you have any changes to criterion 3.3?

- No

3.4 Organisations have systems in place to provide, where appropriate and practicable:

- **information about services, including who to contact and how to arrange appointments**
- **coordinated appointments for services**
- **access to remote or in-person consultations or appointments**
- **adequate staff time and resources are available for extended consultations**
- **updates on anticipated waiting times.**

Do you have any changes to criterion 3.4?

- No

3.5 Organisations need clear, accessible and fair policies for reimbursement of reasonable expenses where a person must travel to access services.

Do you have any changes to criterion 3.5?

- No

3.6 Organisations support partnership working to:

- **ensure that support and advice is available about specialist services to primary care and other community based services**
- **raise awareness about local and specialist services.**

Do you have any changes to criterion 3.6?

- No

Do you have any changes to the sections "What does this mean for people/staff/organisations/primary care or the practical examples" in Standard 3?

- No

7. Standard 4: Collaborative leadership and governance

Standard statement

Organisations demonstrate effective and collaborative leadership, governance and partnership working in the planning, management and delivery of gender identity healthcare.

Do you have any changes to the standard statement or rationale?

- Yes

If yes, please detail the changes you would like to request:

The Royal Pharmaceutical Society would like to see leadership surrounding access to medicines being included in the rationale around Standard 4: Collaborative leadership and governance. Additional vehicles to support leadership around access to medicines are policies on the use of unlicensed and off-label medicines and appropriate sections in formularies. Pharmacists can support multidisciplinary teams in all settings to ensure appropriate arrangements are in place for the safe and effective use of medicines in gender identity healthcare.

4.1 Organisations have an inclusive, rights-based and person-centred culture, which is demonstrated through:

- **supportive and collaborative leadership and management**
- **NHS Scotland value-based, compassionate and trauma informed practice, service planning and delivery**
- **routinely informing people of their rights**
- **the provision of comprehensive training for staff on upholding people's rights.**

Do you have any changes to criterion 4.1?

- No

4.2 Organisations have clear lines of accountability, which include:

- **a multidisciplinary strategy group for gender identity services, including lived experience and third sector representatives**
- **a designated lead for gender identity services**
- **effective partnership working across healthcare at a local and national level.**

Do you have any changes to criterion 4.2?

- No

4.3 Organisations have policies and protocols to demonstrate how they implement specialist gender identity care pathways.

Do you have any changes to criterion 4.3?

- Yes

If yes, please give detail the changes you would like to request:

The inclusion of arrangements for medicines is of vital importance to support specialist care pathways.

4.4 Organisations have policies and protocols to support clinical and care governance, which cover:

- **governance structures with clear lines of accountability, describing individual roles and responsibilities**
- **monitoring, reporting and management of waiting times, service capacity and staffing**
- **approaches to maximising appointment attendance**
- **clear and accessible complaints procedures**
- **adherence to national whistleblowing guidance when addressing concerns{NHSScotland, 2021 #307}**
- **adherence to national Duty of Candour guidance.{Scottish Government, 2023 #289}**

Do you have any changes to criterion 4.4?

- Yes

If yes, please give detail the changes you would like to request:

[The Royal Pharmaceutical Society suggest that the criterion is amended to read:](#)

Organisations have policies and protocols to support clinical, [medicines](#) and care governance

4.5 Organisations can demonstrate a commitment to internal and external quality assurance through:

- **implementing professional guidance relating to the fair and empathetic treatment of trans and non-binary people**
- **assessment of current service provision against professional guidance and national standards**
- **undergoing inspection and regulation where appropriate to the service.**

Do you have any changes to criterion 4.5?

- No

4.6 Organisations empower people with lived experience and their representatives to meaningfully participate in the design and evaluation of services. This includes:

- **ensuring staff actively facilitate and support engagement**
- **demonstrating where feedback has resulted in change**
- **ensuring that all structural and process barriers are removed, including factors such as accessibility to services.**

Do you have any changes to criterion 4.6?

- No

4.7 Organisations have clear and structured adverse events procedures and processes, which include:

- **clear accountability and responsibility for local reporting**
- **a documented escalation process**
- **organisational learning.**

Do you have any changes to criterion 4.7?

- No

4.8 Organisations have processes in place to support sharing of data and intelligence across providers and services, which cover:

- **reporting, benchmarking and performance to improve patient safety, patient outcomes and quality of care**
- **regular reporting to Public Health Scotland (PHS) of specialist gender identity services waiting times, data monitoring and reporting requirements**
- **information governance and sharing with other services in line with national guidance and General Data Protection Regulations.**

Do you have any changes to criterion 4.8?

- No

4.9 Organisations ensures that people receive information about data and intelligence sharing that:

- **covers obtaining and recording consent**
- **covers the review of consent as a person's circumstances change, for example capacity**
- **covers how people can request access to their records and information about themselves and their care**
- **outlines the organisation's general duty of confidentiality, including any legal considerations and the limitations of confidentiality where these apply**
- **identifies the purpose and benefits of sharing personal health data with wider health and social care agencies**
- **provides clarity on the use of identifiable and anonymised data for different purposes and on the options for anonymity where these exist.**

Do you have any changes to criterion 4.9?

- No

4.10 Organisations ensure that there are systems and processes in place to monitor and respond to concerns, complaints and compliments, which cover:

- **trends in waiting times**
- **reporting of adverse events**
- **patient experience**
- **gaps in gender identity service provision relative to population need.**

Do you have any changes to criterion 4.10?

- No

4.11 Organisations ensure that care is delivered in an inclusive and safe environment, including waiting areas and consultation rooms.

Do you have any changes to criterion 4.11?

- No

4.12 Organisations work collaboratively with primary care, pharmacy and other services to ensure consistency and continuity in care. This includes:

- **effective and timely communication**
- **access to specialist support and advice**
- **medicines management including review**
- **partnership delivery of training, CPD and supervision.**

Do you have any changes to criterion 4.12?

- Yes

If yes, please give detail the changes you would like to request:

The Royal Pharmaceutical Society would like the importance of community pharmacy access to health records as a vital element of ensuring consistent care for people accessing gender identity healthcare (but not limited to this specialty) acknowledged. To ensure pharmacy teams can support medicines management, undertake medicines reviews and support patients to get the best outcome from their medicines, they need access to the accurate, relevant and up-to-date information and an ability to update the record with any interventions made.

These functions of pharmaceutical care are not limited to specialist gender identity healthcare teams and may involve pharmacists practicing in community, primary and secondary care settings including general, public and mental health services.

Communication at the interfaces of care about prescribing, monitoring and adjustment of medicines is essential and must involve all practitioners who are supporting the care of patients in accessing gender identity healthcare, therefore an integrated, accessible electronic health record is an enabler to achieving that aim.

4.13 Organisations work in collaboration with national services and academia to collect and to share data as required to support national benchmarking and research.

Do you have any changes to criterion 4.13?

- No

Do you have any changes to the sections "What does this mean for people/staff/organisations/primary care or the practical examples" in Standard 4?

- No

8. Standard 5: Staff training and support

Standard statement

Staff have the training and skills to deliver the right care and support for people accessing gender identity services.

Do you have any changes to the standard statement or rationale?

- Yes

If yes, please detail the changes you would like to request:

The Royal Pharmaceutical Society would suggest that to equip healthcare professionals to deliver the right care and support, education on compassionate conversations and cultural competence should be included in initial education and training. This would ensure that valuable skills relevant to all patient groups would be taught at the beginning of a health care practitioner's learning journey and would not begin only during their employment.

5.1 Organisations implement a comprehensive and multifaceted education and training programme that:

- **includes an assessment of staff training needs that is responsive to staff roles, responsibilities and workplace setting**
- **supports CPD and staff wellbeing**
- **promotes the use of quality improvement methodology and tools**
- **is aligned to the NES Transgender Care Knowledge and Skills Framework and other professional development frameworks**
- **involves people with lived experience in the development and delivery of training resources, where appropriate**
- **includes an evaluation of the provision, quality and uptake of training**
- **is regularly reviewed to ensure it reflects current practice and evidence.**

Do you have any changes to criterion 5.1?

- No

5.2 Staff are supported to access and attend training and education appropriate to their roles, responsibilities and workplace setting, and are allocated appropriate time and resources to complete it.

Do you have any changes to criterion 5.2?

- No

5.3 Staff providing gender identity services have access to training covering:

- **inclusive language and terminology**
- **clinical assessment, ongoing care and support needs appropriate to the person's needs**
- **compassionate care**
- **trauma informed care**
- **health inequalities**
- **communication skills which focus on empathetic, person-centred and inclusive care**
- **equality and diversity.**

Do you have any changes to criterion 5.3?

- No

5.4 Staff have access to individual and group support, if required, to:

- **mitigate against vicarious trauma**
- **address professional and emotional strain and challenges they may experience.**

Do you have any changes to criterion 5.4?

- No

5.5 Staff who mentor or supervise others receive training on:

- **effective and supportive people management**
- **embedding reflective practice**
- **how to develop their own skills and knowledge.**

Do you have any changes to criterion 5.5?

- No

Do you have any changes to the sections "What does this mean for people/staff/organisations/primary care or the practical examples" in Standard 5?

- Yes

If yes, please detail the changes you would like to request:

The Royal Pharmaceutical Society recognise the dynamic nature of this field of healthcare and suggest that training to support staff to develop knowledge and skills cannot be a one-off event and must be repeated at an appropriate interval with up-to-date materials.

9. Standard 6: Referral into specialist gender identity services

Standard statement

Organisations ensure there is a robust referral pathway into specialist gender identity services.

Do you have any changes to the standard statement or rationale?

- No

6.1 Organisations ensure that information about referral pathways to specialist gender identity services is readily available in primary care, community and specialist settings.

Do you have any changes to criterion 6.1?

- No

6.2 Organisations have clear policies and procedures, which detail:

- **referral pathways, including who can make a referral to specialist gender identity services**
- **the information required to accompany the referral**
- **eligibility criteria for referral to specialist gender identity services.**

Do you have any changes to criterion 6.2?

- No

6.3 Organisations have protocols and policies with clear lines of responsibility and accountability:

- **for the review and triage of referrals by appropriately qualified staff**
- **to ensure that people who have moved between NHS boards, other UK NHS services or other providers, or who have moved from a young person's service to an adult service, keep their original date of referral.**

Do you have any changes to criterion 6.3?

- No

6.4 Specialist gender identity services offer timely triage and advice for professionals when a non-specialist service may be more appropriate for the person.

Do you have any changes to criterion 6.4?

- No

6.5 Primary care and other referrers to specialist gender identity services:

- **understand when to refer to the gender identity service and when a referral to a non-specialist service may be more appropriate**
- **support the person during the referral process, including signposting or referral to other services such as mental health support.**

Do you have any changes to criterion 6.5?

- No

6.6 Organisations ensure the person is kept up to date on the progress of their referral and signposting for additional support where this is required.

Do you have any changes to criterion 6.6?

- No

6.7 Organisations ensure that people who have been referred receive clear information on:

- **where they have been referred**
- **expected timelines, with regular updates**
- **who to contact for further support.**

Do you have any changes to criterion 6.7?

- No

6.8 There is partnership working across the system to ensure that referral mechanisms are accessible, reliable and effective.

Do you have any changes to criterion 6.8?

- No

6.9 Referral information supports continuity in care, medication and treatment.

Do you have any changes to criterion 6.9?

- No

Do you have any changes to the sections "What does this mean for people/staff/organisations/primary care or the practical examples" in Standard 6?

- No

If yes, please detail the changes you would like to request:

10. Standard 7: Gender identity services for young people

Standard statement

Young people have timely access to safe, high-quality and person-centred gender identity services which understand, respect and uphold their rights.

Do you have any changes to the standard statement or rationale?

- No

7.1 Young people:

- **are listened to and taken seriously**
- **are fully supported to make active decisions about their gender identity healthcare and wellbeing**
- **are supported to understand and uphold their rights**
- **receive care, information and support, which is accessible, rights-based and appropriate to their stage of emotional development, chronological age and specific needs, for example care-experienced young people.**

Do you have any changes to criterion 7.1?

- No

7.2 Families or representatives are:

- **informed of young people's rights**
- **signposted to information or third sector organisations for support and advice.**

Do you have any changes to criterion 7.2?

- No

7.3 Initial assessment at the young people's gender identity service should:

- **be holistic, person-centred and trauma-informed**
- **go at a pace that supports and is informed by the young person**
- **involve a full history of the young person's medical, psychological, social, family and other relevant history**
- **include an assessment of the young person's current health and wellbeing and decision making capacity**
- **be undertaken by a multidisciplinary team of relevant professionals with the knowledge, skills and competencies required to address their specific individual clinical and developmental needs**
- **involve the young person's trusted person or representative where appropriate or consent is given.**

Do you have any changes to criterion 7.3?

- Yes

If yes, please give detail the changes you would like to request:

The Royal Pharmaceutical Society suggest ensuring that a medication history is taken and documented. This is usually implied when describing a medical history, however, in this patient group we suggest explicit description of the requirement for a medication history.

7.4 For young people who receive endocrine therapies, there is:

- **provision of accurate information, including the potential benefits and risks of different care options, to support consent and decision making in line with national guidance**
- **regular monitoring and review by appropriate professionals, including paediatric endocrinology.**

Do you have any changes to criterion 7.4?

- Yes

If yes, please give detail the changes you would like to request:

The Royal Pharmaceutical Society recognises that specialist expertise in gender identity healthcare is a growing field and many healthcare professionals will not have confidence in managing endocrine therapy in young people. As part of the multidisciplinary team caring for patients accessing gender identity healthcare, we advocate for the inclusion of a pharmacist, as an expert in medicines, who can support patients and professionals in the use of medicines in this patient group. This is especially important when medicines are being prescribed for an unlicensed indication or patient group.

7.5 Where young people, their families or representatives require psychological and/or social support, this is delivered and managed by their own NHS board of residence.

Do you have any changes to criterion 7.5?

- No

7.6 Young people, their families or representatives, are supported to participate in planning, services design and evaluation of services.

Do you have any changes to criterion 7.6?

- No

7.7 Gender identity services for young people will work collaboratively and in partnership with schools, youth workers, CAMHS, social workers, primary care, and third sector organisations to support and empower young people and to promote good health and wellbeing.

Do you have any changes to criterion 7.7?

- No

7.8 Gender identity health services and support services working with young people have:

- **training and competencies in child development**
- **appropriate referral pathways for young people to local support services**
- **knowledge and implementation of child protection and safeguarding guidance{Scottish Government, 2021 #309}**
- **robust information sharing protocols that respect young people's right to safety and freedom from harm as well as their right to privacy and health.{The United Nations Convention on the Rights of the Child, 1990 #266}**

Do you have any changes to criterion 7.8?

- No

7.9 NHS boards ensure that when a young person is moving to an adult gender identity service, that:

- **the process is robust, seamless and fully documented**
- **appropriate treatment pathways are followed**
- **appropriate information is shared between services for continuity of care**
- **early preparation and forward planning is undertaken to support the person and, where appropriate, their representative.**

Do you have any changes to criterion 7.9?

- Yes

If yes, please give detail the changes you would like to request:

[We suggest that bullet point 2 reads: appropriate treatment pathways, including medicines pathways, are followed](#)

7.10 A person-centred care plan for moving between young people's and adult services, will:

- **be developed in collaboration the young person and, where appropriate, their family or representative**
- **be informed by the young person's needs and desired outcomes**
- **be timely and planned well in advance of any service transition**
- **be reviewed as needs change**
- **include a plan for unscheduled care during service transition, for example access to support**
- **be documented and shared with relevant services and the young person where appropriate.**

Do you have any changes to criterion 7.10?

- No

Do you have any changes to the sections "What does this mean for people/staff/organisations/primary care or the practical examples" in Standard 7?

- No

11. Standard 8: Assessment and care planning

Standard statement

People have a holistic, effective and person-centred assessment and care plan.

Do you have any changes to the standard statement or rationale?

- No

8.1 The initial assessment should be comprehensive and holistic, covering the person's:

- **individual needs and desired outcomes, avoiding assumptions about what support or treatment may be wanted**
- **existing or previous care and treatment plans**
- **health and wellbeing including continuity of care, for example named clinician**
- **capacity and consent**
- **need for further support and/or treatment.**

Do you have any changes to criterion 8.1?

- No

8.2 Organisations have local pathways and protocols for assessment of people that:

- **have been developed in partnership with other services, including primary care and pharmacy**
- **define roles and responsibilities in the initial and subsequent assessment, monitoring and care planning.**

Do you have any changes to criterion 8.2?

- No

8.3 The care plan:

- **is developed in partnership with the person**
- **fully documents the person's initial assessment, any ongoing care and support needs**
- **can be accessed by the person**
- **is communicated across the multidisciplinary team, with the person's consent**
- **is regularly reviewed and updated as a person's circumstances or needs change.**

Do you have any changes to criterion 8.3?

- Yes

If yes, please give detail the changes you would like to request:

The Royal Pharmaceutical Society wishes to see a parity between healthcare professionals and their role in supporting patients accessing gender identity healthcare. In order to do this, community pharmacists need relevant information about a patient's care in order to optimise their pharmaceutical care of a patient and must be seen as part of the multidisciplinary team. Community pharmacists are often the first port of call for patients who are experiencing problems with their medicines e.g. side effects, supply problems.

Feedback from pharmacists suggest that a person-centred approach to identifying what information can be shared across the interface of care to the community pharmacist and through which platform would be beneficial. This will enable community pharmacists to support people accessing gender identity healthcare achieve the best outcomes from their medicines.

The Royal Pharmaceutical Society will continue to advocate for pharmacists, ensuring that patients and the public are aware that pharmacists are held to the same standards as other registered healthcare professionals and have a valuable contribution to make to patient care.

8.4 Where there is an assessed need, referrals to appropriate services are timely, these may include but are not limited to:

- **endocrinology, where not already incorporated into the gender identity service**
- **fertility preservation**
- **hair removal and/or wig prescription**
- **mental health and psychological support**
- **speech and language therapy**
- **surgical services.**

Do you have any changes to criterion 8.4?

- Yes

If yes, please give detail the changes you would like to request:

The Royal Pharmaceutical Society would suggest that this list may also include a pharmacist, who can conduct a medicines review, education on medicines and support patients to get the best outcomes from their medicines.

8.5 The organisation has transfer of care protocols when people move between different NHS Scotland boards, UK NHS trusts and primary care providers which:

- **are person-centred**
- **enable continuity and consistency in care**
- **ensure clear roles and responsibilities are described**
- **provide clear criteria about maintaining the original referral date, where appropriate**
- **set out key information required for transfer to reduce unnecessary delays in the person's care.**

Do you have any changes to criterion 8.5?

- No

8.6 People receive advice and accessible information from trained, competent and registered staff relating to prescribed endocrine therapy including:

- **benefits and risks associated with commencing or discontinuing medication**
- **instructions for taking medications**
- **regular monitoring and review by appropriately trained staff, including GPs and pharmacy staff**
- **any additional monitoring requirements, for example blood sampling, and who is responsible for these.**

Do you have any changes to criterion 8.6?

- No

8.7 Organisations develop protocols around endocrine therapy, including bridging prescriptions with primary care, pharmacy and people with lived experience that include:

- **clear documentation on reason for bridging prescription**
- **dose, duration, monitoring and review**
- **discussion with appropriate specialist.**

Do you have any changes to criterion 8.7?

- No

8.8 Primary care professionals work together to ensure that, where possible, a person's prescription or prescriptions relating to gender identity healthcare are maintained when the person moves from one NHS Scotland board to another, or between providers.

Do you have any changes to criterion 8.8?

- Yes

If yes, please give detail the changes you would like to request:

The Royal Pharmaceutical Society note that when people move between different Health Board areas, or indeed, move from another country within the UK, there may be complexities to overcome to ensure continuing medicines treatment. Early planning to ensure any non-formulary, off-label or unlicensed medicines requests can be managed to avoid interruption to medicines for patients.

An option to consider, to minimise disruption to prescriptions or interruptions to treatments, would be for the four specialist gender identity services to utilise the same formulary. The added benefit to this would be in standardising education and training to this formulary of medicines.

8.9 Organisations ensure regular communication on the person's care plan with the wider multidisciplinary team, including the person's GP.

Do you have any changes to criterion 8.9?

- Yes

If yes, please give detail the changes you would like to request:

See response to criterion 8.3. We would suggest adding the patient's nominated community pharmacist.

8.10 Organisations provide clinical advice and information on surgical interventions from trained, competent and registered staff including:

- **benefits and risks of interventions**
- **capacity and consent**
- **pre-assessment for surgery**
- **what to expect when recovering from surgery**
- **discharge planning**
- **aftercare and support protocols where required, including a point of contact for the person.**

Do you have any changes to criterion 8.10?

- No

8.11 Organisations have person-centred protocols to support people who decide to pause or reverse aspects of their gender identity healthcare.

Do you have any changes to criterion 8.11?

- No

8.12 Organisations have person-centred and holistic protocols for the timely reassessment of, or support for, people who have:

- **completed active treatment**
- **decided to pause treatment**
- **been discharged from specialist services.**

Do you have any changes to criterion 8.12?

- No

Do you have any changes to the sections "What does this mean for people/staff/organisations/primary care or the practical examples" in Standard 8?

- No

12. References

References

1. Scottish Public Health Network. Health Care Needs Assessment of Gender Identity

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Do you have any comment to make on the references?

- Yes

If 'yes', please elaborate:

Following feedback from pharmacists, a suggested resource for inclusion is World Professional Association for Transgender Health Standards of Care 2022. Version 8.

Coleman e. et al (2022) Standards of Care for the Health of Transgender and Gender Diverse People, Version 8, International Journal of Transgender Health, 23:sup1, S1-S259, DOI: [10.1080/26895269.2022.2100644](https://doi.org/10.1080/26895269.2022.2100644)

13. Further comments

Please provide any further comments you have on the draft standards.

Do you have any further comments or changes to the standards?

- Yes

If 'yes', please give details:

The Royal Pharmaceutical Society welcomes these standards. We were pleased to see that pharmacy representation was included in the standards development group and recognise that both medicines and pharmacy elements were included in the draft. We hope that our comments build on those points.

Feedback from practicing pharmacists is that there is a need for professional guidance to support pharmacists to provide care for people accessing gender identity healthcare. Developing professional guidance surrounding gender incongruence is included within our workplan for 2024.

Part of the education and training element for staff is cultural competence training. Pharmacists have given us feedback about the cultural norms of using honorifics when calling patients forward in pharmacy waiting rooms; how to address patients with their preferred pronouns (including how to ask them what their preferences are) and how to record these appropriately in records. Supporting staff across all sectors of healthcare to develop the relevant knowledge and skills will be important.

We know that patients who are currently waiting to access specialist gender identity services are accessing treatment elsewhere. Community Pharmacists are already navigating the complexity of private prescriptions and transfer to NHS care. The standards address expectations of patients moving between NHS Boards and young people transitioning to adult services, however, there may be benefit in including standards to describe patients moving from independent to NHS healthcare providers and those who are moving to Scotland from other countries.

Feedback from our Board members suggested that there would be value in describing standards in relation to health screening in people accessing gender identity healthcare. This should address the person-centred approach to identification of the appropriate screening programmes hitherto dependent on gender e.g. cervical screening.